



- **MATERNAL AND CHILD HEALTH CARE**

AHCCCS covers a comprehensive set of services for pregnant women, newborns and children, including maternity care, family planning services, EPSDT services and KidsCare services.

AHCCCS requires FFS providers to request PA for pregnancy terminations.

Refer to [Chapter 400](#) for information on maternal and child health care services.

- **MEDICAL SUPPLIES, DURABLE EQUIPMENT AND ORTHOTIC/PROSTHETIC DEVICES**

Description. Medical supplies, durable equipment and orthotic/prosthetic devices must be prescribed by a fee-for-service physician or other appropriate practitioner.

Refer to [Chapter 300](#), Policy 310, for complete information regarding covered medical supplies, equipment and prosthetic devices.

The following requirements apply to these services:

1. Prior authorization (PA) is required for medical equipment and orthotic/prosthetic devices exceeding \$300.00.
2. PA is required for consumable medical supplies exceeding \$100.00 per month. (Consumable means the supplies have limited or no potential for reuse.)
3. For members age 21 and over, PA is required for medically necessary incontinence supplies. These incontinence supplies must be designated specifically to meet a medical purpose.
4. Refer to [Chapter 400](#), Policy 430, for criteria related to coverage of incontinence briefs for members under the age of 21.
5. Durable medical equipment may be purchased or rented only when there are no reasonable alternative resources from which the medically necessary equipment can be obtained at no cost. The total expense of renting the equipment must not exceed the purchase price (i.e., if AHCCCS can purchase the equipment for less than the rental fee, AHCCCS will purchase the item.) All rental equipment requires PA.



AHCCCS does not cover the following:

1. Personal care items, unless needed to treat a medical condition. Exception: AHCCCS covers incontinence briefs for persons over 3 and under age 21 as described in Policy 430.
2. First aid supplies (except upon prescription by an authorized provider)
3. Hearing aids for members 21 years of age or older
4. Prescriptive lenses for members 21 years of age or older (except when medically necessary following cataract removal without an implanted lens)
5. Penile implants or vacuum devices for members 21 years or older.

Procedures. PA for supplies/equipment may be submitted via fax, mail or telephone. (See Policy 810 for addresses.)

In addition to information required for all PAs, specified in Policy 810 of this chapter, the following information must be supplied at the time of the PA request:

1. Name of ordering physician and description of medical condition necessitating the supplies/equipment
2. Medical justification for supplies/equipment and anticipated outcome (medical/functional)
3. Description of supplies/equipment requested, including manufacturer brand name, and product code
4. Duration for use of equipment and full purchase price plus any additional costs and expected cost if rented
5. Provider identification number and diagnosis code, and
6. Home evaluation, when requested by the AHCCCS/DFSM/PA Unit.



The procedure for a telephone request is:

1. After receiving the information outlined above, the AHCCCS/DFSM/PA Unit issues a provisional number to the provider
2. The provider must then submit the information in writing via mail or fax, and
3. Upon receipt of the PA request form with all required documentation, the PA number will be validated and a PA confirmation letter will be mailed to the provider.

The procedure for written (mail or fax) request is:

1. The provider must submit the information outlined above, and
2. Once received, information is assessed and PA confirmation letter is mailed to the provider, denying or approving services.

For members over the age of 21, requests for authorization of incontinence supplies must include the following information:

1. Diagnosis of a dermatologic condition or other medical/surgical condition requiring medical management by incontinence supplies as dressings
2. Defined length of treatment anticipated, and
3. Prescription for specific incontinence supplies.



● **NURSING FACILITY SERVICES**

Description. Nursing facility (NF) services for FFS members are covered by AHCCCS for up to 90 days per contract year if the member's medical condition would otherwise require hospitalization. Per 9 A.A.C. 22, Article 2, in lieu of a NF, the member may be placed in an alternative living facility or receive home and community based services. PA is required for these services prior to admission of the member, except in those cases for which retroactive eligibility precludes the ability to obtain PA. However, the case is subject to medical review.

Refer to [Chapter 300](#), Policy 310, and [Chapter 1200](#) for complete information regarding covered long term care services.

Procedures. PA requests may be submitted via mail, fax or telephone. Initial PA will be for a period not to exceed the anticipated enrollment period of the FFS eligible member or what is determined as a medically necessary length of stay, whichever is shorter (not to exceed 90 days) and includes any day covered by Medicare.

Reauthorization for continued stay is subject to concurrent utilization review and continued eligibility.

Prior to nursing home placement of AHCCCS members who choose to receive services through the Indian Health Service (IHS), the NF must obtain a written referral form from IHS. (In circumstances where retroactive eligibility precludes the ability to obtain an IHS referral, this requirement is waived.)

AHCCCS/DFSM/PA Unit staff will request hospital personnel and/or NF staff, whichever is appropriate, to initiate an ALTCS application for possible coverage of nursing facility services if it is believed that the member will need a NF stay lasting longer than 90 days.